

# 2004 VA Resident Form 760-WEB

## Individual Income Tax Return

File by May 2, 2005 - PLEASE USE BLACK INK

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Your first name	M.I.	Last name	Suffix
Spouse's first name (joint returns only)	M.I.	Last name	Suffix
Present home address (number and street)			
City, town or post office and state		Zip Code	

Fill in all ovals that apply:

- ☐ Name or filing status has **changed** since last filing
- ☐ Address has **changed** since last filing
- ☐ Virginia return was not filed last year
- ☐ Accelerated Refund Request
- ☐ Return adjusted for fixed date conformity
- ☐ Dependent on another's return
- ☐ Amended Return - Fill in oval if result of NOL ☐

Your Social Security Number	First 4 letters of your last name	Spouse's Social Security Number	First 4 letters of spouse's last name	Locality Code See instructions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status	Fill in oval to indicate status	Exemptions	Use Total Exemptions to complete Line 11
<input type="radio"/> (1) Single. Did you claim federal head of household? Yes <input type="radio"/>		You <input type="text"/> 1 + <input type="text"/> 65 or over + <input type="text"/> Blind + <input type="text"/> Dependents = <input type="text"/> Total Exemptions	
<input type="radio"/> (2) Married filing joint return (Enter spouse's SSN above)		Spouse if filing joint return <input type="text"/> + <input type="text"/> 65 or over + <input type="text"/> Blind + <input type="text"/> Dependents = <input type="text"/> Total Exemptions	
<input type="radio"/> (3) Married filing separate return (Enter spouse's SSN above)			
Spouse's Name _____			

		WHOLE DOLLARS ONLY	
1. Federal Adjusted Gross Income (from federal return - <b>NOT FEDERAL TAXABLE INCOME</b> )	1	<input type="text"/>	<input type="text"/>
2. Total Additions from attached Schedule ADJ, line 3 (You must attach Schedule ADJ)	2	<input type="text"/>	<input type="text"/>
3. Add lines 1 and 2	3	<input type="text"/>	<input type="text"/>
4. Deduction for age on Jan 1, 2005. See Instructions.		<input type="text"/>	<input type="text"/>
You <input type="text"/> .00 + Spouse <input type="text"/> .00 =	4	<input type="text"/>	<input type="text"/>
5. Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits (reported as taxable on federal return)	5	<input type="text"/>	<input type="text"/>
6. State Income Tax refund or overpayment credit (reported as income on federal return)	6	<input type="text"/>	<input type="text"/>
7. Subtractions from attached Schedule ADJ, line 7 (You must attach Schedule ADJ)	7	<input type="text"/>	<input type="text"/>
8. Add lines 4, 5, 6, and 7	8	<input type="text"/>	<input type="text"/>
9. Virginia Adjusted Gross Income (VAGI) - Subtract line 8 from line 3	9	<input type="text"/>	<input type="text"/>
10. Deductions-Enter Standard: Filing Status 1 = \$3,000; 2 = \$5,000; 3 = \$2,500 <b>OR</b> Itemized:		<input type="text"/>	<input type="text"/>
10a. Total Itemized Deductions		<input type="text"/>	<input type="text"/>
10b. State and Local Income Taxes claimed on Sch. A		<input type="text"/>	<input type="text"/>
(You <b>MUST</b> USE ITEMIZED DEDUCTIONS IF YOU ITEMIZED ON YOUR FEDERAL RETURN)		<input type="text"/>	<input type="text"/>
11. Exemptions. Multiply number of Total Exemptions claimed above by \$800	11	<input type="text"/>	<input type="text"/>
12. Child and Dependent Care Expenses. See Instructions	12	<input type="text"/>	<input type="text"/>
13. Add lines 10, 11 and 12	13	<input type="text"/>	<input type="text"/>
14. Virginia Taxable Income - Subtract line 13 from line 9	14	<input type="text"/>	<input type="text"/>

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• **WB**

Office Use

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19. Estimated Tax Paid for tax year 2004 (from Form 760ES) ..... 19  
(include overpayment credited from tax year 2003)
20. Extension Payments (from Form 760E) ..... 20

21. Tax Credit for Low Income Individuals from **attached** Schedule ADJ, line 12 ..... **21**

22. Credit for Tax Paid to Another State from **attached** Sch. ADJ, line 19 or Sch. OSC, line 41 ..... **22**  
(You must attach Sch. ADJ or Sch. OSC and a copy of all other state returns)

23. Other Credits from **attached Schedule CR** ..... **23**  
( If claiming Political Contribution Credit only - fill in oval - see instructions ) 

- 24. Add lines 18a, 18b and 19 through 23 .....24**  
*If you are filing an Amended Return, stop here and GO TO line 27 of Schedule ADJ*

25. If line 24 is less than line 17, subtract line 24 from line 17. This is the Tax You Owe .....**25**  
Skip to line 28

26. If line 17 is less than line 24, subtract line 17 from line 24. This is Your Tax Overpayment .....26

27. Amount of overpayment you want credited to next year's estimated tax .....27

28. Adjustments and Voluntary Contributions from **attached** Schedule ADJ, line 26 .....28  
(You must attach Schedule ADJ)

29. Add line 27 and line 28 ..... 29

30. If you owe tax on line 25, add lines 25 and 29. **OR**  
If line 26 is less than line 29, subtract line 26 from line 29. **AMOUNT YOU OWE** ..... 30



## CREDIT CARD

**FILL IN OVAL IF PAYING BY CREDIT CARD - SEE INSTRUCTIONS**

31. If line 26 is greater than line 29, subtract line 29 from line 26. **YOUR REFUND** .....31

### Direct Deposit Information

**Refund Only**

Please indicate type of account

☐ Checking ☐ Savings

Your bank's routing transit number

Your bank account number

**Fill in all ovals that apply:**

☐ Qualifying farmer, fisherman or merchant seaman

 Federal Schedule C filed with your federal return

 Coalfield credit earned

☐ Primary taxpayer deceased

☐ Spouse deceased

 Overseas on due date

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

**Your Signature**

Date \_\_\_\_\_

Spouse's Signature

Date \_\_\_\_\_

Your business phone number

Home phone number

Spouse's business phone number

I authorize the Dept. of Taxation to discuss my return with my preparer.

Preparer's Signature

Preparer's Name, Address &amp; Phone Number (please print)

Preparer's FEIN/PTIN/SSN

Code

SEE INSTRUCTIONS FOR ADDRESS TO MAIL YOUR RETURN